

## BUILDING PERMIT WORKSHEET COMMERCIAL & RESIDENTIAL BUILDINGS

<p>Applicant name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____</p> <p>Applicant is (circle one): owner / contractor / other* _____</p> <p>*permission letter from owner required</p>	<p>*Owner name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____</p> <p>**If property was purchased with in the last 6 months a copy of the recorded deed will be required showing : Deed Book _____ Page _____ Date Recorded _____</p>																
<p>Tax Map # _____ Acreage _____</p> <p>Location address(or street name if # not assigned): _____</p> <p>City _____ State _____ Zip _____</p> <p>State road name (if addressed on a private road): _____</p>	<p>Contractor name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone # _____</p> <p>License # _____</p> <p>Site Plan Name _____</p>																
<p>Type of structure _____</p> <p>Circle one:</p> <p>Main residence/ Accessory building / Other _____</p> <p>Check one:</p> <p>____ New</p> <p>____ Addition / Remodel</p> <p># of Bedrooms added _____</p> <p>Type of room(s) _____</p> <p>Estimated cost _____</p> <p>Construction type _____</p> <p>Exterior finish _____</p> <p>Interior finish _____</p> <p>Roofing type _____</p>	<p>Total Square Footage _____</p> <p>1<sup>st</sup> floor sq. ft. _____ 2<sup>nd</sup> floor sq. ft. _____</p> <p>Basement sq. ft. _____ Garage sq. ft. _____</p> <p>Porches _____ Decks _____</p> <p>Bonus Room _____ Other _____</p> <p>Dimensions _____ (over all shoe box size L x W)</p> <p>Total # of bedrooms _____</p> <p>Total # of bathrooms _____</p> <p>Mechanic's Lien Agent _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone # _____</p>																
<p><b>ELECTRICAL</b></p> <p>Name of Contractor _____</p> <p>Name of Power Company _____</p> <p><u>New Single Family Dwelling:</u> (Please Circle one of the following for each)</p> <p>-Permanent: Amperage value: 200 400 600</p> <p>-Will you need a Temporary Power Pole? YES or NO</p> <p><u>All Other Structures/Additions/Remodels</u> (Please indicate the # of each)</p> <p>____ Outlets &amp; fixtures</p> <p>____ 30 kW or less outlets</p> <p>____ # Baseboard heaters</p>	<p><b>PLUMBING</b></p> <p><u>For A New Single Family Dwelling</u> Name of Contractor _____</p> <p><u>All Other Structures/Additions/Remodels</u> (Please indicate the # of each)</p> <table><tr><td>____ Toilets</td><td>____ Bathtubs</td></tr><tr><td>____ Lavatories</td><td>____ Showers</td></tr><tr><td>____ Kitchen sinks/disposals</td><td>____ Dishwashers</td></tr><tr><td>____ Laundry Trays</td><td>____ Water heaters</td></tr><tr><td>____ Clothes washers</td><td>____ Drinking fountains</td></tr><tr><td>____ Urinals</td><td>____ Floor or sink drains</td></tr><tr><td>____ Slop sinks</td><td>____ Pumps</td></tr><tr><td>____ Other fixtures</td><td>____ TOTAL # _____</td></tr></table> <p><b>MECHANICAL</b></p> <p><u>For A New Single Family Dwelling</u> Name of Contractor _____</p> <p><u>All Other Structures/Additions/Remodels</u> (Please indicate the # of each) _____ Wood stoves ____ Gas/wood fireplaces</p>	____ Toilets	____ Bathtubs	____ Lavatories	____ Showers	____ Kitchen sinks/disposals	____ Dishwashers	____ Laundry Trays	____ Water heaters	____ Clothes washers	____ Drinking fountains	____ Urinals	____ Floor or sink drains	____ Slop sinks	____ Pumps	____ Other fixtures	____ TOTAL # _____
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